

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of )  
Paul E. Salyer ) Group:  
Serial No.: )  
Filed: November 25, 2003 ) Examiner:  
Title: ORTHOPAEDIC ROTARY REAMER WITH)  
IMPLANT COMPLIANT CUTTING TEETH )

INFORMATION DISCLOSURE STATEMENT

MS DD  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

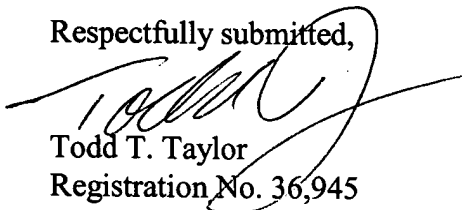
Sir:

Applicant wishes to bring to the attention of the Examiner the documents identified on the attached form PTO-1449. Applicant respectfully requests that these documents be made of record in the present application.

A copy of each of the documents is enclosed.

In the event Applicant has overlooked the need for a payment of fee, or additional payment of fee, or have overpaid a fee, Applicant hereby conditionally petitions therefor and authorizes that any charges or credits be made to Deposit Account No. 20-0095, TAYLOR & AUST, P.C.

Respectfully submitted,



Todd T. Taylor  
Registration No. 36,945

Attorney for Applicant

TTT/dc

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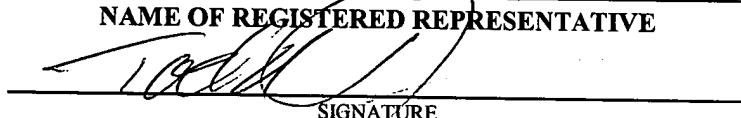
Encs.: Form PTO-1449  
Return Postcard

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: MS DD, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on: November 25, 2003.

Todd T. Taylor, Reg. No. 36,945

NAME OF REGISTERED REPRESENTATIVE



SIGNATURE

November 25, 2003

DATE

ATTORNEY DOCKET NO.:  
SMI0100.US

SERIAL NO:

## INFORMATION DISCLOSURE STATEMENT

APPLICANT:  
Paul E. SalyerFILING DATE:  
November 25, 2003

GROUP:

## U.S. PATENT DOCUMENTS

Examiner Initial *		Document No.	Date	Name	Class	Subclass	Filing Date
	AA						
	AB						
	AC						
	AD						
	AE						
	AF						
	AG						
	AH						
	AI						
	AJ						
	AK						

## FOREIGN PATENT DOCUMENTS

							Translation	
		Document No.	Date	Country	Class	Subclass	Yes	No
	AL	03/059178	7/2003	PCT	A61B 17	16		X
	AM							
	AN							
	AO							
	AP							

## OTHER REFERENCES (INCLUDING AUTHOR, TITLE, DATE, PERTINENT PAGES, ETC.)


EXAMINER:

DATE CONSIDERED:

\*Examiner: Initial if reference considered, whether or not citation is in conformance with MPEP 609; Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to Applicant.